

Substance Use Disorder (SUD) Agency and Organization Database

Update to Behavioral Health Consortium
(BHC)

2022



Introduction and Database Context

- SUD-DE.com database - designed as a critical resource for “real-time” public and private use in addressing SUD in DE
- Assumes addressing SUD requires networks of organizations, agencies and community members providing a spectrum of strategies and services
- Intended to facilitate planning, service and programmatic capacity building, and network coordination in targeted areas and across systems





About
The SUD-DE database contains information about Delaware's SUD community organizations and agencies. Learn more about the database and its uses.
[Learn more →](#)

Reports
The SUD-DE database produces 1 Delaware's SUD community o agencies. You can find several
[Learn more →](#)

Sign up for the SUD-DE

Use this form to provide your contact information. We will contact you via email about your organization or agency's participation in the pilot.

Email *

First Name *

Last Name *

Organization *

Optional Comments



KNOWLEDGE BASE

- Articles
 - Dashboard
 - Pending Review
 - Search Articles
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 - Manage Articles
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 - Manage Users
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Welcome, John

Pending Review: 5 | Published Articles: 15 | Total Feedback: 7 | Total Article Views: 60

Top 5 Authors

Author	Views
Alexandra Haxbeck	100,000
Eric Gasser	80,000
Jander Olson	70,000
Zane Scally	60,000
Rose Dear	50,000

Articles by Department

Department	Count
Health Services	10
Public Health	8
Community Health	6
Other	4

Article Views by User

User	Views
John Doe	30
Jane Smith	20
Bob Brown	10
Alice White	5

Feedback by Month

Month	Feedback
February	2
March	3
April	4
May	25
June	5



Organization/Agency

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Organization/Agency

Organization/agency full name
AIDS Delaware, Inc

Acronym or shorthand name of the organization/agency (if listed)

What type best describes your agency or organization?
Not-for-profit (501 C3)

Primary Mailing Address [?]

Primary Mailing Address 2

Primary City/Town

Primary State/Province

Primary ZIP/Postal Code

General Organizational Email
contact@aidsdelaware.org

Main office Phone Number

Organization/agency website address
https://aidsdelaware.org/

What the Organization/agency's mission statement?
Our mission is to eliminate the spread and stigma of HIV/AIDS, improve the lives of those living with HIV/AIDS, and promote community health through comprehensive and culturally-sensitive services, education programs, and advocacy.



Groups Across the Life Span



DataTool

Review Data

Org/Agency

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Populations

Considering the list below, which Life Span groups does your organization either (a) provides services to and/or (b) focuses activities to address their needs and concerns?

Children (under 12)

Adolescents (12-17)

Young adults/college-age women or men

Adult men

Adult women

Pregnant or parenting women

Seniors

Families

Other (please specify)

None of the above



Vulnerable Groups

Considering the list below, which Vulnerable groups does your organization either (a) provides services to and/or (b) focuses activities to address their needs and concerns?

Criminal justice involved or incarcerated

Homeless

Immigrants/Refugees

Veterans/Active military personnel

Minority groups

Non-English speaking

Poor, Economically Disadvantaged, Indigent

Uninsured or underinsured populations

Other (please specify)

None of the above



Mental Health

Considering the list below, which Mental Health groups does your organization either (a) provides services to and/or (b) focuses activities to address their needs and concerns?

- Co-Occurring Severe and Persistent Mentally Ill
 - Co-Occurring substance abuse and mental health conditions
 - Comorbid mental illness/chronic disease or physical conditions
 - HIV/AIDS, Tuberculosis, Viral Hepatitis
 - People with Disabilities and/or their Families (e.g., developmental, physical, or psychological)
 - Suicide risk/suicide attempt
 - Other (please specify)
 - None of the above
-



Substance-Use

Considering the list below, which Substance-Use groups does your organization either (a) provides services to and/or (b) focuses activities to address their needs and concerns?

DWI Offenders

Individuals on Other Medication-Assisted Treatment

Individuals on Psychotropic Medications

Injection Drug Users

Other (please specify)

None of the above



Trauma/Violence

Considering the list below, which Trauma groups does your organization either (a) provides services to and/or (b) focuses activities to address their needs and concerns?

History of trauma, including sexual abuse

Perpetrators of violence, including sexual assault

Victims of Domestic Violence/Intimate Partner Violence

Survivors of trauma/violence

Other (please specify)

None of the above

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Prevention Services

 DataTool

 Review Data

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Services

Considering the following list, please indicate if your organization offers Prevention Services/strategies:

- Do not provide prevention services/strategies
- Information dissemination strategies
- Education strategies
- Alternative strategies
- Problem identification and referral
- Community-based processes
- Environmental strategies
- Other (please specify)



Intervention/Early Intervention Services

Considering the following list, please indicate if your organization offers Intervention/Early Intervention Services?

- Do not provide intervention/early identification services
- Employee Assistance programs (formal or informal) in workplaces
- Screening (Alcohol)
- Screening (Other Drugs)
- Screening and brief interventions for justice/court-involved youth, young adults, adults and families
- Community-based programs that encourage clients to self-refer for assessment and referral for services
- SBIRT (Screening, Brief Intervention and Referral to Treatment) in medical settings
- Screening (Mental Health)
- Screening (Trauma)
- Student Assistance Programs in schools and colleges



Integrated Screening and Assessment Processes

Considering the following list, please indicate if your organization offers Integrated Screening and Assessment Processes?

Do not provide Integrated Assessment and Screening Processes

Assessment

Case Management

Family interventions

Intensive Outpatient treatment

Psychopharmacology

Skills training

12-Step recovery meetings

Brief Intervention

Cognitive-behavioral therapy

Individual or group counseling

Motivational enhancement

Residential treatment

Other (please specify)



Treatment Services

Considering the following list, please indicate if your organization offers Treatment Services (for substance use disorders or co-occurring substance use and mental health disorders)?

- | | |
|--|---|
| <input type="checkbox"/> Do not provide Treatment Services | <input checked="" type="checkbox"/> Care Coordination |
| <input type="checkbox"/> Evaluation | <input type="checkbox"/> Intensive Outpatient Services (IOP) |
| <input type="checkbox"/> Medically Managed Inpatient Hospital-Based Services | <input type="checkbox"/> Naltrexone (Vivitrol) |
| <input type="checkbox"/> Office Based Medication Assisted Treatment (buprenorphine/Suboxone) | <input type="checkbox"/> Opioid Treatment Programs (methadone) |
| <input type="checkbox"/> Other Medication Maintenance | <input type="checkbox"/> Outpatient (OP) Counseling Services (Individual) |
| <input checked="" type="checkbox"/> Outpatient Counseling Services (Group) | <input type="checkbox"/> Partial Hospitalization |
| <input type="checkbox"/> Residential Services | <input type="checkbox"/> Transitional Living |
| <input type="checkbox"/> Other (please specify) <input type="text"/> | |



Recovery Support Services (RSS)

Considering the following list, please indicate if your organization offers Recovery Support Services (RSS)?

- | | |
|--|--|
| <input type="checkbox"/> Do not provide Recovery Support Services | <input type="checkbox"/> Child Care |
| <input type="checkbox"/> Anger Management | <input checked="" type="checkbox"/> Care Coordination |
| <input type="checkbox"/> Employment Services | <input type="checkbox"/> Impaired Driving Program |
| <input type="checkbox"/> Job Training/Employment Counseling | <input type="checkbox"/> Peer Recovery Coaching |
| <input type="checkbox"/> Peer Support Groups | <input type="checkbox"/> Permanent Supportive Housing |
| <input checked="" type="checkbox"/> Personal Finance Skill Building | <input checked="" type="checkbox"/> Recovery Mentoring/Relapse Prevention Management |
| <input checked="" type="checkbox"/> Recovery-supportive health care, employment, education, and community environments | <input checked="" type="checkbox"/> Relationship Skill Building |
| <input type="checkbox"/> Sober Housing | <input type="checkbox"/> Stable Housing and Employment |
| <input type="checkbox"/> Substance Free Activities | <input type="checkbox"/> Transportation |
| <input checked="" type="checkbox"/> Volunteer Opportunities/Giving Back | <input type="checkbox"/> Other (please specify) <input type="text"/> |



Effective Community Strategies

Considering the following list, please indicate if your organization offers or is involved with Effective Community Strategies?

- Community involvement in care
- Coordination across agencies and organizations providing SUD services
- Evidence-based care
- Family involvement in care
- Hot-spotting
- Dissemination of national organization resources and guidance
- Partnerships with law enforcement and judicial system
- Peer support
- Telehealth or mobile services
- None of the above
- Other (please specify)



Additional Programs, Services, Activities

Considering the following list, please indicate if your organization offers any Additional Programs, Services, or Activities?

- Alternative Justice Programs
- Employee Assistance Programs
- Housing Assistance
- Law Enforcement Activity
- Youth Groups
- Youth Mentoring Programs
- None of the above
- Other (please specify)

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Funding

- Org/Agency
- Locations
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Resources

From which sources does your agency/organization receive funding?

Federal grants or contracts

State grants or contracts

Foundation grants or support

Private, including Board support

Donations

Insurance or Cost recovery

Endowment

State of Delaware General Fund

Other (please specify)

None of the above



Capacity and Requirements

What services might your organization or agency provide if you had the capacity?

With a prescriber on-site, we could offer PrEP, PEP, and even MAT/similar, which would be a great benefit. We would also be interested in expanding to offer more counseling groups and community education events

What resources would be required to provide this service?

Money, staff, relationship and ability to offer medical care at our office(s)

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Name and Description

- DataTool
- Review Data
- Org/Agency
- Locations
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- Resources
- Programs
- Programs

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Programs

Program Name	Briefly describe (a few sentences will do) your agency's or organization's key programs.	
HIV Medical Case Management		Edit Delete
Mental/Behavioral Health Counseling for HIV+ people		Edit Delete
M/BH Counseling for those at-risk for HIV or otherwise affected by HIV		Edit Delete
Community Outreach		Edit Delete
Community Education		Edit Delete
LGBTQ Youth Leadership Program		Edit Delete
M/BH Counseling for those at-risk for HIV or otherwise affected by HIV		ADD Edit Delete
Community Outreach		Edit Delete
Community Education		Edit Delete
LGBTQ Youth Leadership Program		Edit Delete

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[ADD](#)



Partners

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Partners

Please indicate agencies or organizations you partner or collaborate with (up to 10) to address substance use and its effects in Delaware. Then, select from the list the ways in which you partner or collaborate with the agency or organization previously named.

1. Organization/Agency Name
2. Referral for services
3. Program/services planning or strategy development
4. Consultation
5. Care/Services integration and coordination
6. Co-location of services
7. Information sharing
8. Event hosting
9. Cross-organizational training
10. Marketing and messaging development
11. Joint or cooperative funding
12. Other (please specify)

5. Care/Services integration and coordination

6. Co-location of services

7. Information sharing

8. Event hosting

9. Cross-organizational training

10. Marketing and messaging development

11. Joint or cooperative funding

12. Other (please specify)

X Delete Grid Edit

1.Name ?	2.Referral ?	3.Program ?	4.Consult ?	5.Care ?	6.Co-Location ?	7.Info ?	8.Event ?	9.Cross-Org ?	10.Marketing ?	11.Funding ?	12.Other ?	(Please Specify) ?
Connections	✓	-	✓	✓	-	✓	-	-	-	-	-	-

Edit



Ways of Partnering

✕ Delete Exit Grid Edit

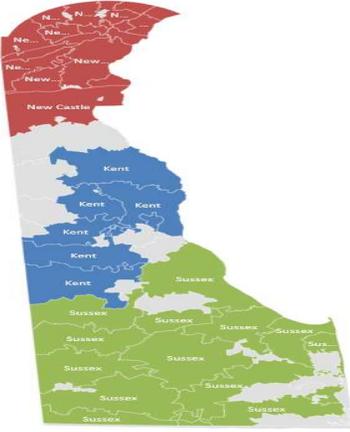
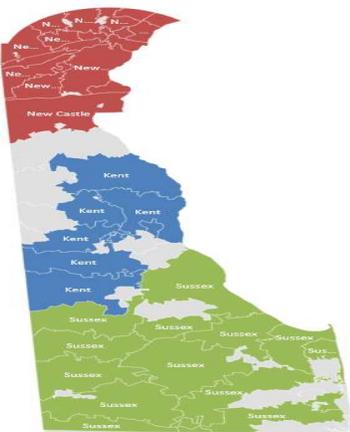
<input type="checkbox"/>	1. Name [?]	2. Referral ⁱ	3. Program ⁽	4. Consult [?]	5. Care [?]	6. Co-Locatic	7. Info [?]	8. Event [?]	9. Cross-Org	10. Marketin	11. Funding ⁽	12. Other [?]	(Please Spe
<input checked="" type="checkbox"/>	Connection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Brandywine	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	Rockford	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	SODAT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Referral for
<input type="checkbox"/>	Drug Court	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	DSAMH	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Partner	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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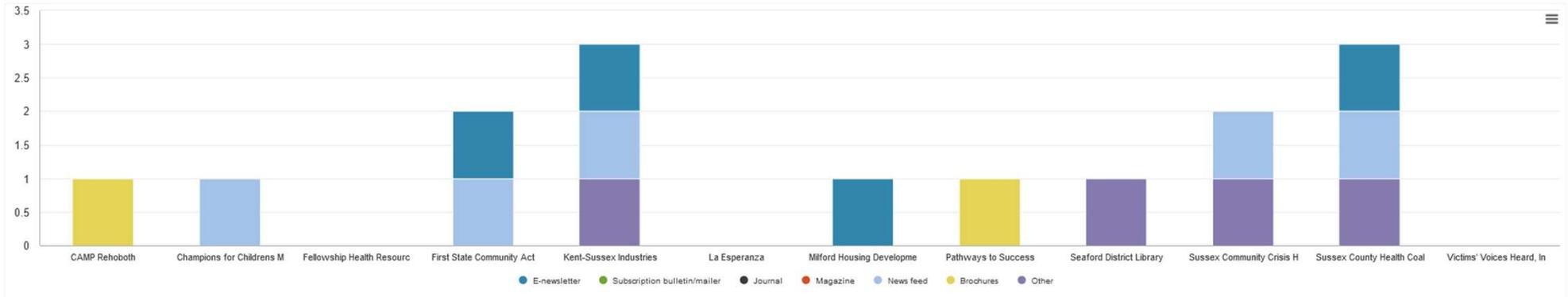
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Reports – Map of Primary Location Zip codes



Reports – Example Communications



[Download Data](#)

Organization/agency full name	E-newsletter [?]	Bulletin/mailer [?]	Journal	Magazine	News feed [?]	Brochures [?]	Other
TOTAL	4	0	0	0	5	2	4
CAMP Rehoboth	-	-	-	-	-	✓	-
Champions for Childrens Mental Health	-	-	-	-	✓	-	-
Fellowship Health Resources	-	-	-	-	-	-	-
First State Community Action Agency	✓	-	-	-	✓	-	-
Kent-Sussex Industries	✓	-	-	-	✓	-	✓
La Esperanza	-	-	-	-	-	-	-
Milford Housing Development Corporation	✓	-	-	-	-	-	-
Pathways to Success	-	-	-	-	-	✓	-
Seaford District Library	-	-	-	-	-	-	✓
Sussex Community Crisis Housing Services, Inc.	-	-	-	-	✓	-	✓
Sussex County Health Coalition	✓	-	-	-	✓	-	✓
Victims' Voices Heard, Inc.	-	-	-	-	-	-	-

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Reports – Partners Report

County
 ZIP/Postal Code

SEARCH

Organization/agency full name ▲	Partner-Name	Referral	Program	Consult	Care	Colocation	Info	Event	Training	Marketing	Funding	Other	(Specify)
Center for Drug and Health Studies, University of Delaware													
	DSAMH	-	-	-	-	-	-	-	-	-	-	✓	Research and evaluation
	DPH	-	-	-	-	-	-	-	-	-	-	✓	School survey administration
	CJC	-	-	-	-	-	-	-	-	-	-	✓	Evaluation and research support
Delaware Criminal Justice Council													
	Any Federal, State, Local and Non-profit organizations	-	✓	-	-	-	✓	✓	✓	-	-	-	
Horizon House													
	Brandywine Counseling and Community Services, Inc.	✓	✓	-	-	✓	✓	-	-	-	-	-	
	Aquila of Delaware	✓	-	-	-	-	-	-	-	-	-	-	
	Gaudenzia	✓	-	-	-	-	✓	-	-	-	-	-	
	Connections	✓	-	-	-	-	-	-	-	-	-	-	
Project New Start Inc.													
	DE Department of Correction	✓	-	✓	✓	-	✓	-	-	-	-	-	
	Jewish Family Services	✓	-	✓	✓	-	✓	-	-	-	-	-	
	New Castle County Police Hero Help Program	✓	✓	✓	✓	-	✓	-	-	-	-	-	
	Christiana Care Health System	✓	✓	✓	✓	-	✓	-	-	-	-	-	

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Thank You

